

Dispute Form

Name _____ Merchant _____
Account # _____ Transaction Date _____
Posting Date _____ Amount _____
Reference No. _____ Daytime Phone _____
Signature _____

I have examined the charge(s) made to my account and wish to dispute the above items for the following reason:

****PLEASE CHECK ONLY ONE****

1. _____ I certify that the charge(s) listed above was not made by me nor a person authorized by me to use my card. I did not receive any goods or services from this transaction nor did any person authorized by me.
2. _____ Although I did engage in a transaction with the above merchant, I have no knowledge of the particular transaction noted above and it was not authorized by me or anyone representing me. My cards were in my possession at the time of the above transaction. The correct transaction took place on _____ (date) in the amount of \$ _____.
3. _____ Although I did engage in the above transaction (complete ONE of the following statements and provide as much detail as possible to support your statement):
 - a. _____ The dollar amount of the sale was increased from \$ _____ to \$ _____. I am enclosing a copy of my charge card sales receipt, which reflects the correct dollar amount.
 - b. _____ I dispute the entire charge or a portion of it in the amount of \$ _____. I have contacted the merchant and asked that a credit be applied to my account. (Please provide details of the circumstances surrounding this transaction and your calculations used to derive the correct amount, if amount is less than the total billed to you account.)
 - c. _____ I have never received the merchandise. I expected to receive it during the week of _____ (date). I have since contacted the merchant and asked that a credit be applied to my account.
 - d. _____ All or part of the shipped or delivered merchandise was defective or damaged when received. I returned the merchandise on _____ (date) but have not received a credit for the amount of \$ _____. I am enclosing a detailed statement describing the defects of the merchandise and I am enclosing a copy of my proof of return (receipt from UPS, FedEx, Post Office, a credit voucher from the merchant, etc.). In addition, enclosed is an itemized list of the merchandise received, the items returned and the cost of each item.
 - e. _____ The above transaction is a duplication of an authorized transaction that took place on _____ (posting date). The reference number of the authorized transaction as shown on my charge card statement is _____.
 - f. _____ I am enclosing a detailed explanation of the reason(s) the merchant was not able or willing to provide the requested merchandise/services. I am also providing details of my attempts to resolve this matter with the merchant, including date(s) and the merchant response(s).
4. _____ I received a credit slip, but it was applied to my account as a charge. I am enclosing a copy of this credit slip.
5. _____ I received a credit slip, but it was applied to my account. I am enclosing a copy of this credit slip.
6. _____ I notified the merchant on _____ (date) to cancel preauthorized recurring charges (i.e., insurance premium, membership fee). I have cancelled with the merchant and am enclosing a copy of my dated correspondence to the merchant, if available.
The merchant provided me with the cancellation number: _____
7. _____ I guaranteed a hotel reservation for late arrival and subsequently cancelled it on _____ (date) at _____ (AM/PM).
8. _____ Other: please explain below.



Return Copy to:

NationsBank
Government Card Services
Unit
P.O. Box 53142
Phoenix, AZ 85072-3142
Fax Number 888-678-6046

I am enclosing a copy of all related documents, including any credit vouchers, sales receipts, work invoices, and contracts that I may have received, along with details of my attempts to resolve this matter with the merchant.



Instructions for Dispute Form

Purpose	Cardholders or A/OPC's may use this form to dispute charges on their charge card.
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Instructions	<p>Please print or type all information and return or fax to the address or number listed below:</p> <p>NationsBank Government Card Services P. O. Box 53142 Phoenix, AZ 85072-3142 Fax Number 888-678-6046</p>
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Field Descriptions of form elements.

Name – Enter Card / Account Holder's name.
Account # - Enter 16 digit account number.
Merchant – Enter merchant's name for the disputed charge.
Transaction Date – Enter date of disputed transaction.
Posting Date – Enter the date the disputed charge posted to the account.
Amount – Enter the amount of the charge being disputed.
Reference – Enter the reference number of the disputed charge.
Signature – Signature of authorized card / account holder.
Daytime Phone – Enter daytime commercial phone number for card/account holder.
PLEASE CHECK ONE - Select the option that best describes the reason for the disputed charge.